

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

3235-0076 OMB Number: Expires: Estimated average burden hours per response.....16.00

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Name of Offering [check if this is an amendment and name has changed, and indicate char	
Diversified Managed Futures Fund, L.P. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sec	on 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	07047535
	01041000
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change	
Diversified Managed Futures Fund, L.P. Address of Executive Offices (Number and Street, City, State, Zip	Code) Telephone Number (Including Area Code)
Address of Executive Offices (Number and Street, City, State, 21) 12300 Wilshire Boulevard, Second Floor, Los Angeles, California 90025	(310) 552-2900
Address of Principal Business Operations (Number and Street, City, State, Zi	
(if different from Executive Offices)	
Brief Description of Business	
Speculative trading in commodity futures, options of commodity futures and foreign	ırrencies
Type of Business Organization	PROCESSE
corporation I limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	MAD 2 2 0000
Month Year Actual or Estimated Date of Incorporation or Organization: 111 016 Actual	Estimated WAR 2 2 200/
Actual or Estimated Date of Incorporation or Organization: 111 [0]6 Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation)	or State: THOMSON
CN for Canada; FN for other foreign jurisdiction	DE ENAMOIA
GENERAL INSTRUCTIONS	- WOIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Reg 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in th and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the addrewhich it is due, on the date it was mailed by United States registered or certified mail to that ad	offering. A notice is deemed filed with the U.S. Securities given below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be photocopies of the manualty signed copy or bear typed or printed signatures.	manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need thereto, the information requested in Part C, and any material changes from the information previous be filed with the SEC.	nly report the name of the issuer and offering, any changes sly supplied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (UI ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice are to be, or have been made. If a state requires the payment of a fee as a precondition to the accompany this form. This notice shall be filed in the appropriate states in accordance with this notice and must be completed.	claim for the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the tappropriate federal notice will not result in a loss of an available state exemplifying of a federal notice.	deral exemption. Conversely, failure to file the on unless such exemption is predictated on the
	tained in this form are not
Persons who respond to the collection of information co	tained in this form are not alid OMB control number.

required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

		1075	A. BASIC (DE	NTIE	ICATION DATA		ram Arbeita Salah da R		
2. Enter the information re	quested for the fol	lowing:	- -						
•			been organized wi						
 Each beneficial ow 	ner having the pow	er to vot	te or dispose, or dire	ct the	e vote or disposition (of, 10	% or more o	f a clas	s of equity securities of the issuer.
• Each executive off	icer and director o	f corpor	ate issuers and of o	orpor	rate general and man	aging	partners of	partne	rship issuers; and
Each general and r	nanaging partner o	f partne	rship issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Z	General and/or Managing Partner
								-	
Full Name (Last name first, i	•								
TradeAmerican Advisors								_	
Business or Residence Addre 12300 Wilshire Boulevan					025				
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Varden, Don									
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)					
12300 Wilshire Boulevard	, Second Floor,	Los Ar	ngeles, California	900	25				
Check Box(cs) that Apply:	Promoter	_ t	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Zummo, Guy	f individual)			•					
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)				-	
12300 Wilshire Boulevard	d, Second Floor,	Los A	ngeles, Californi	a 900	025				
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)			•	 			_	
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)			•		
Check Box(es) that Apply:	Promoter	<u> </u>	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							•	
Business or Residence Addre	SS (Number and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)			-					
Business or Residence Addre	ess (Number and	Street.	City, State, Zip Co	ide)					
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addr	ess (Number and	Street.	City, State, Zip Co	ide)	-,				
	(Use bla	ink shee	t, or copy and use	addit	ional copies of this s	heet,	as necessar	y)	

		Lally and lighted			В. 1	NFORMAT	ION ABOL	t offeri	NG .				
1.	Has the	issuer sol	d, or does ti	he issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offer	ina?		Yes	No 53
•	* 105 1110	133201 301	a, or accs t			Appendix				-	****************	لينا	
2.	What is	the minin	um investn			• •		_				s 10,	00.00
							,					Yes	No
3.	Does th	e offering	permit join	t ownersh	ip of a sing	lc unit?					••••••	¥	
4.	commis If a pers or states	sion or sim son to be lis s, list the na	tion request illar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or d	solicitation erson or age caler. If m	of purchase ent of a brob ore than five	ers in conn cer or deale c (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering with a state	;	
			first, if ind										
		 	e been em		d Stead C	ies Cinta 7	Code)						
Bus	iness or	Kesidence	Address (N	umper an	a Street, C	ity, State, 2	up Code)						
Nar	ne of Ass	sociated Bi	roker or De	aler									
Stat	tes in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individua	l States)							☐ Al	l States
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
ę	MT RI	NE SC	NV SD	NH TN	ŢX]	NM UT	VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful	l Name (Last name	first, if indi	ividual)						•			
		D	4.11	Jumber	d Street C	ity State	Zip Code)			······································			
Bus	iness or	Residence	: Address (r	vanitoer an	u succi, c	ity, Blace,	cip code,						
_	•		oker or De							 			
Nan	nc of Ass	sociated Bi		aler									
Nan	ne of Ass	sociated Bi	oker or De	aler Solicited	or Intends	to Solicit	Purchasers					AI	l States
Nan	ne of Assets in What (Check	sociated Braich Person "All States	Listed Has " or check	aler Solicited individual	or Intends States)	to Solicit	Purchasers	DE	(DC)	FL	(GA)	HI	ID
Nan	es in Wh	sociated Braich Person "All States [AK]	Listed Has	aler Solicited individual	or Intends States) CA KY	to Solicit	Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Nan	ne of Assets in What (Check	sociated Braich Person "All States	Listed Has " or check	aler Solicited individual	or Intends States)	to Solicit	Purchasers	DE	(DC)	FL	(GA)	HI	ID
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Nan Stat	es in Wh (Check AL IL MT RI	ich Person "All States AK IN NE SC	Listed Hase or check AZ IA NV SD	S Solicited individual INT	or Intends States) CA KY NJ TX	to Solicit CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nan Stat	es in Wh (Check AL IL MT RI Name (I	ich Person "All States AK IN NE SC Last name	Listed Hase " or check AZ IA NV SD	S Solicited individual AR KS NH TN vidual)	or Intends States) CA KY NJ TX	to Solicit CO LA NM UT	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
State	es in Wh (Check AL IL MT RI Name (I	AK IN NE SC Last name	Listed Hase or check AZ IA NV SD first, if indi Address (Notes or Description of Descripti	Solicited individual AR KS NH TN vidual) vumber an	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
State	es in Who (Check AL IL MT RI Name (I	ich Person "All States "All States IN NE SC Last name Residence	Listed Hase AZ IA NV SD first, if indi	Solicited individual INT INT Interest and In	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	IDC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
State	es in Who (Check AL IL MT RI Name (I	ich Person "All States "All States IN NE SC Last name Residence	Listed Hase " or check AZ IA NV SD first, if indi Address (Notes or December of December 1)	Solicited individual INT INT Interest and In	or Intends States) CA KY NJ TX d Street, C	CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	IDC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MQ PA PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Common Preferred Convertible Securities (including warrants) _____**.....** Other (Specify Total ________ \$ 400,000.00 \$ 0.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C --- Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 Total \$ 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... Legal Fees Accounting Fees Engineering Fces Sales Commissions (specify finders' fees separately) 00.000,8 2

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

8,000.00

Other Expenses (identify)

Total

C OFFERING PRICE NUM	BER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	
	ring price given in response to Part C — Question 1 - Question 4.a. This difference is the "adjusted gross		\$ 392,000.00
Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	······································	\$ 7,840.00	3 \$ 28,920.00
Purchase of real estate		\$	□ \$
Purchase, rental or leasing and installation of ma	_		
	cilities		
Acquisition of other businesses (including the va offering that may be used in exchange for the ass	lue of securities involved in this		
Other (specify): Capital for speculative trading			\$ 355,240.00
futures and foreign currencies		<u> </u>	V
		\$	
Column Totals	·····	\$_7,840.00	\$_384,160.00
Total Payments Listed (column totals added)		\$ <u></u> 39	92,000.00
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the ignature constitutes an undertaking by the issuer to fushe information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commission	on, upon writte	le 505, the following n request of its staff,
ssuer (Print or Type)	Stgnature/////////////////Da		
Diversified Managed Futures Fund, L.P.	X/IIII les	3-7	-07
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
on Varden	Chief Executive Office of TradeAmerican Advisor	ors, LLC, Gene	rat Partner

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Francisco e			
me telep	E, STATE SIGNATURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No IXI
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	per has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalthorized person.	lf by the	undersigned
Issuer (Print or Type) Date	ــــــــــــــــــــــــــــــــــــــ	
Diversif	ied Managed Futures Fund, L.P.	0 -	+
Name (I	Print or Type) Title (Print or Type)		

Chief Executive Office of TradeAmerican Advisors, LLC, General Partner

Instruction:

Don Varden

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		3			4		5	 ;
-	Intend to sell to non-accredited investors in State (Part B-ltem 1)		Type of security and aggregate ited offering price tate offered in state		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA			-						
CO									
СТ	***.W#								
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MN								1	
MS									<u> </u>

	n in and an and an			APP	ENDIX			2724	
1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE		31							
NV				_			*		
NH									
NJ						-			
NM									
NY						· ·			
NC									
ND							•		
·OH									
ок									
OR			•						
PA									
RI	gar die erffragelige gegen						·		
SC									
SD		Carrie at 11 Le 10		}					
TN									
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UT	The state of the s						· • • • • • • • • • • • • • • • • • • •		
VΤ									
VA									
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1	2 3				5 Disqualification					
	to non-a	d to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										